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AF/3636

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/020,688
		Filing Date	12-14-2001
		First Named Inventor	Robert McMillen
		Group Art Unit	3636
		Examiner Name	Joseph F. Edell
Total Number of Pages in This Submission	11	Attorney Docket No.	41575-106

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ENCLOSURES (check all that apply)			
<input type="checkbox"/> Charge Deposit Account -08-3460 <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> Affidavits/declarations(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 <input type="checkbox"/> Petition For Revival of an Application for Patent Abandoned Unintentionally Under 37 CFR 1.137(b)		<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	
		<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Request To Rescind Previous Nonpublication Request <input type="checkbox"/> Response to Notice of Allowability <input checked="" type="checkbox"/> Other Enclosure(s): Postcard	
Remarks:		<input checked="" type="checkbox"/> Commissioner is hereby authorized to charge fees in this application and any fees which may be required, or any overpayment, to Deposit Account 08-3460. I have enclosed a duplicate copy of this sheet	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual Name	Robert C. Haldiman, Reg. No. 45,437
Signature	
Date	Feb 2, 2004

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Typed or printed name	Deborah Lane-Christian
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Express Mail No.:EL 990079814 US	Attorney Docket No.	41575-106	First Inventor: Robert McMillen
AMENDMENT TRANSMITTAL LETTER		Serial No.	10/020,688
<i>Title: Push Lumbar Support with Flexible Pressure Surface</i>		Filing Date	12-14-2001
		Examiner	Joseph F. Edell
		Group Art Unit	3636

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TO THE ASSISTANT COMMISSIONER FOR PATENTS:**RECEIVED**

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GROUP 3600

Transmitted herewith is an amendment in the above-identified application.

- Large Entity Status
 Small Entity status of this application has been established under 37 CFR 1.27

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED – PART II					SMALL ENTITY		OTHER THAN SMALL ENTITY	
		(Column 1)	(Column 2)	(Column 3)	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	x \$9.00=		x \$18.00=	
Total (37 CFR 1.16(c))	16*	Minus	**19	=0	x \$43.00=		x \$86.00=	
Independent (37 CFR 1.16(b))	2*	Minus	**4*	=0	x \$145.00=		x \$290.00=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	0

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

- Petition of Extension of Time.
 No additional fee is required for amendment.
 A check in the amount of the fee is enclosed.
 The Commissioner has already been authorized to charge fees in this application to a Deposit Account. 08-3460.
 The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 08-3460. I have enclosed a duplicate copy of this sheet.
 Any additional filing fees required under 37 C.F.R. 1.16.
 Any patent application processing fees under 37 C.F.R. 1.17.

Signature

Date:

Feb. 2, 2004

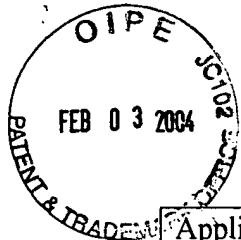
Robert C. Haldiman, Reg. No. 45,437
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: Robert McMillen	Group No.: 3636
Serial No.: 10/020,688	Atty. Docket No.: 41575-106 (27975)
Filed: 12-14-2001	
For: Push Lumbar Support with Flexible Pressure Surface	Examiner: Joseph F. Edell

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AMENDMENT AND RESPONSE

HONORABLE SIR:

Responsive to the official communication of November 25, 2003, Applicant submits the following Amendments and Remarks. It is not believed that extensions of time are required beyond those, which may otherwise be provided for in documents accompanying this Amendment. However, in the event that additional extensions of time are necessary to prevent abandonment of this application, then such extensions of time are hereby petitioned for under 37 C.F.R. § 1.136(a), and any fees required therefore are hereby authorized to be charged to our Deposit Account 08-3460.